



**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
Norfolk/Newport News Division**

LOSH SHAPIRO, Plaintiff

REGENT UNIVERSITY,
PRESIDENT, M.G. ROBERTS Defendant(s)

Civil Action No. 2:09cv605

BOARD OF TRUSTEES, REGISTERED AGENT: ATTY. LOIS SAKOFF, ET AL.
MOTION TO PROCEED IN FORMA PAUPERIS AND FINANCIAL AFFIDAVIT

I, LOSH SHAPIRO, say that I am the plaintiff in the above entitled case, that I move to proceed without being required to prepay fees, costs or give security therefor, and that in support of this motion I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor; and that I believe I am entitled to relief.

I further state that the responses which I have made to questions and instructions below are true.

EMPLOYMENT

Are you employed? Yes X No Self-Employed

IF YES, How much do you earn per month? _____

Name & Address of employer: _____

IF NO, give month and year of last employment; FEB '05

How much did you earn per month? \$600-

IF MARRIED, is your spouse employed? Yes No

IF YES, how much does your spouse earn per month? _____

IF A MINOR, what is your parents' approximate monthly income? _____

OTHER INCOME

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in rent payments, interest dividends, retirement or annuity payments, gifts or inheritance or other sources? Yes ~~No~~

IF YES, give the amount received and identify the source(s).

\$ 690 - Received from Source(s) SOCIAL SECURITY | phone
\$ Received from Source(s) _____

CASH

Have you any cash on hand or money in savings or checking accounts? Yes ~~X~~ No

Total Amount: Checking \$ Savings \$ Other \$

PROPERTY

Do you own any real estate, stocks, bonds, notes, automobiles, boats, or other valuable property (excluding ordinary furnishings and clothing)? _____ Yes X No

IF YES, give value and describe it:

Value	Description
\$ _____	_____
\$ _____	_____

MARITAL STATUS

X Single _____ Married _____ Widowed _____ Separated or Divorced

DEPENDENTS

Total Number of Dependents: 0

List persons you actually support, your relationship to them and how much you contribute toward their support:

_____	_____
_____	_____
_____	_____

DEBTS & MONTHLY BILLS

List all creditors, including banks, loan companies, charge accounts, etc.:

Creditors	Total Debt	Monthly Payment
LANDLORD	\$ 600/mos.	\$ 600
FOOD	\$ 90/mos	\$ 90
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____

(Date)

12/10/09

(Signature)

Address:

2013A EAST ORANGE HOPPE AVE
PLACENTIA, CA 92870

Phone Number:

714. 223. 0100